

MARIJUANA FAST FACTS



THIS IS NOT YOUR PARENTS MJ: POTENCY IS ON THE RISE

- In 2009, THC concentrations in marijuana averaged close to 10% compared to around 4% in the 1980s; may account for increase in ER visits and increased risk of addiction.
- Between 1993 and 2009, the average concentration of THC in confiscated marijuana jumped from 3.4 to 10 percent. Meanwhile hospital and rehabilitation center admission rates for minors dependent on marijuana soared by 188 percent between 1992 and 2006. In contrast, admissions for alcohol abuse for the same group over the same period declined by 64 percent.

RISKS ARE GREAT

- Alters the brain's neurons causing short and long-term negative effects: THC, one of over 400 chemicals in marijuana, over-activates the brain's endocannabinoid system, causing the high and interfering with the neural communication network that plays an important role in normal brain development and function.
- Reduces inhibitions leading to risky behaviors; distorts perceptions; impairs coordination; thinking and problem solving becomes difficult as does learning and memory.
- Regular adolescent use harms the brain, lowering IQ 7-8 points; use before age 15 means a threefold likelihood of later mental illness such as schizophrenia.
- Regular use predicts high school/college failure.



2.5 OUNCES OF MARIJUANA

AND THERE'S MORE...

- Over 107 million Americans tried marijuana at least once; approx. 206 million used for the first time in 2011.
- In 2010, 17.4 million Americans ages 12 and up (6.9% of population) were current users; 4.5 million classified with marijuana dependence or abuse.
- Contrary to common belief, MJ is addictive. Approx. 9% of users become addicted; the number increases for those starting young: about 17% (1 in 6) and for daily users (to 25-50%).
- Long-term users trying to quit report withdrawal symptoms: irritability, sleeplessness, decreased appetite, anxiety, depression and drug craving, all of which threaten abstinence.

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***Between 2004 to 2011 marijuana-related emergency room visits increased 52%
(445,000 or 146.2 visits per 100,000 population)***

MARIJUANA: THE DRUG

- Smoke, as with tobacco, is a toxic mixture of gases and particulates, many of them harmful to the lungs. Marijuana may impact lungs and respiratory tract given the 70% more irritants and carcinogens than tobacco.
- Marijuana is a Schedule I drug. Schedule I drugs are subject to strict controls and the harshest penalties for violating these controls; because they have “a high potential for abuse”. Schedule I drugs have “no currently accepted medical use in treatment in the United States,” and lack “accepted safety for use of the drug under medical supervisions” 21 U.S.C. §812(b)(1) and are deemed the most dangerous controlled substances..., and may lead to severe psychological or physical dependence. 21 U.S.C. §812(b)(2).
- A federal process is available to reschedule drugs.

***“No state, no executive can nullify a statute
that has been passed by Congress”
Director of the White House Office of
National Drug Control Policy, April 2013.”***

Current FDA – approved medications made from THC:

Marinol, Cesamet: synthetic, pill form, relieves nausea and vomiting; used to reverse weight loss in AIDS patients.

Savitex: Combines two ingredients of THC and cannabidiol; approved in Canada, UK; undergoing FDA approval in U.S.

2010 Drug Treatment: For persons preventing with primarily marijuana related conditions: 21% higher (127 per 100,000 population aged 12 and older than 2000) (105 per 100,000), ¾ were male, average age 25, Such increased from 14% of admissions in 2000 to 18% in 2010.

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MARIJUANA AND DRIVING

Research shows that user/drivers have **slower reaction** times and **impaired judgment**, leading to difficulty responding to signals and sounds.

The skills needed to drive safely-alertness, concentration, coordination, judgment, and reaction time – are controlled by the same parts of the brain affected by THC. Driving under the influence of marijuana is illegal, and has consequences: loss of license, fines and jail, and it is **dangerous**.

People often pose the rhetorical question, “Has **anyone ever died** from using marijuana?” The answer is yes when it is the cause of an otherwise avoidable auto accident.

MARIJUANA AND YOUTH

Arizona Youth Survey 2012:

- 30-day use by teens increased from 2008 to 2012 14.4% (cumulative), although there was a slight decrease between 2010-2012.
- Marijuana and ecstasy were the only 2 out of 16 substances for which teen use went up.
- 2012: the first time in history that 30-day marijuana use surpassed 30-day cigarette use.
- 11.6% of youth obtained marijuana from a medical marijuana cardholder (probably a low estimate as other answers include from friends and family).
- Youths (users and non-users alike) think marijuana is far less risky than tobacco and prescription drugs.

MARIJUANA AND INCARCERATION

In Arizona, the overwhelming majority of prison inmates with drug possession charges are in prison because of additional charges or because of their criminal history. Only 6.3% of the 2009 inmate population was committed for drug possession as the most serious offense. Of those, 95% are repeat offenders and 38% have a history of felony violence. Less than 1% are in prison for marijuana possession, and many of them plead down from a higher charge.

An astonishingly high number of criminal offenders are marijuana users. The Arrestee Drug Abuse Monitoring program (ADAM II), urine of adult male arrestees in five cities over a 21-day period in 2012 results. Showed marijuana was the most prevalent drug. Positive tests by city: 37% Atlanta/ 58% Chicago/ 51% New York/ 54% Sacramento/ 44% Denver.

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2/3 of American adults drink alcohol at least once during the course of a year.

13.8 million American (17%) either abuse alcohol or suffer from alcoholism.

76 million Americans (43%) have alcoholism in their families.

In 1998, alcohol cost an estimated \$185 billion in lost productivity, illness, premature death, and healthcare expenditures, costs are borne by the abuser's family or the government (38% though lost in reduced tax revenue.) The economic costs of the criminal justice system, higher insurance premiums, and the social costs of alcohol-related crimes and trauma.

COSTS AND BENEFITS

Potential federal/state tax revenue would pale compared to social/health costs: alcohol taxes raise \$14.5 billion yearly, tobacco \$25 billion, covering less than 10% of the nation's alcohol costs to society and, about 13% of tobacco's costs of \$200 billion.

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